



NEW JERSEY DEPARTMENT OF TRANSPORTATION
DIVISION OF AERONAUTICS
INSPECTION & AIRCRAFT OPERATIONS

<http://www.nj.gov/transportation/airwater/aviation/>

Phone: 609-530-2900/Fax: 609-530-5270

APPLICATION FOR SPECIAL LANDING STRIP LICENSE

Date:

The undersigned hereby applies for a permit to use a field owned by _____ of
(municipality), _____ (county) at Latitude: _____ N/ Longitude: _____ W at the
following address/location _____ for the period from _____ (month/date/year) to
(month/date/year), for the purpose of loading dust or spray for farm or crop dusting in said area
and agrees to abide by all regulations issued as a condition for this permit (N.J.A.C. 16:55).

This license is issued contingent upon permission by the owner of the property concerned. Such
authorization shall accompany this application.

(Applicant's Name)

(Signature)

(Applicant's Address)

(Applicant's Licensed Facility Name and License #)
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() -
(Phone Number)

(Email address)

NOTE:

Applicant shall provide the following attachments:

- 1) A permission letter from the land owner
- 2) A map or sketch with the dimensions of the landing area